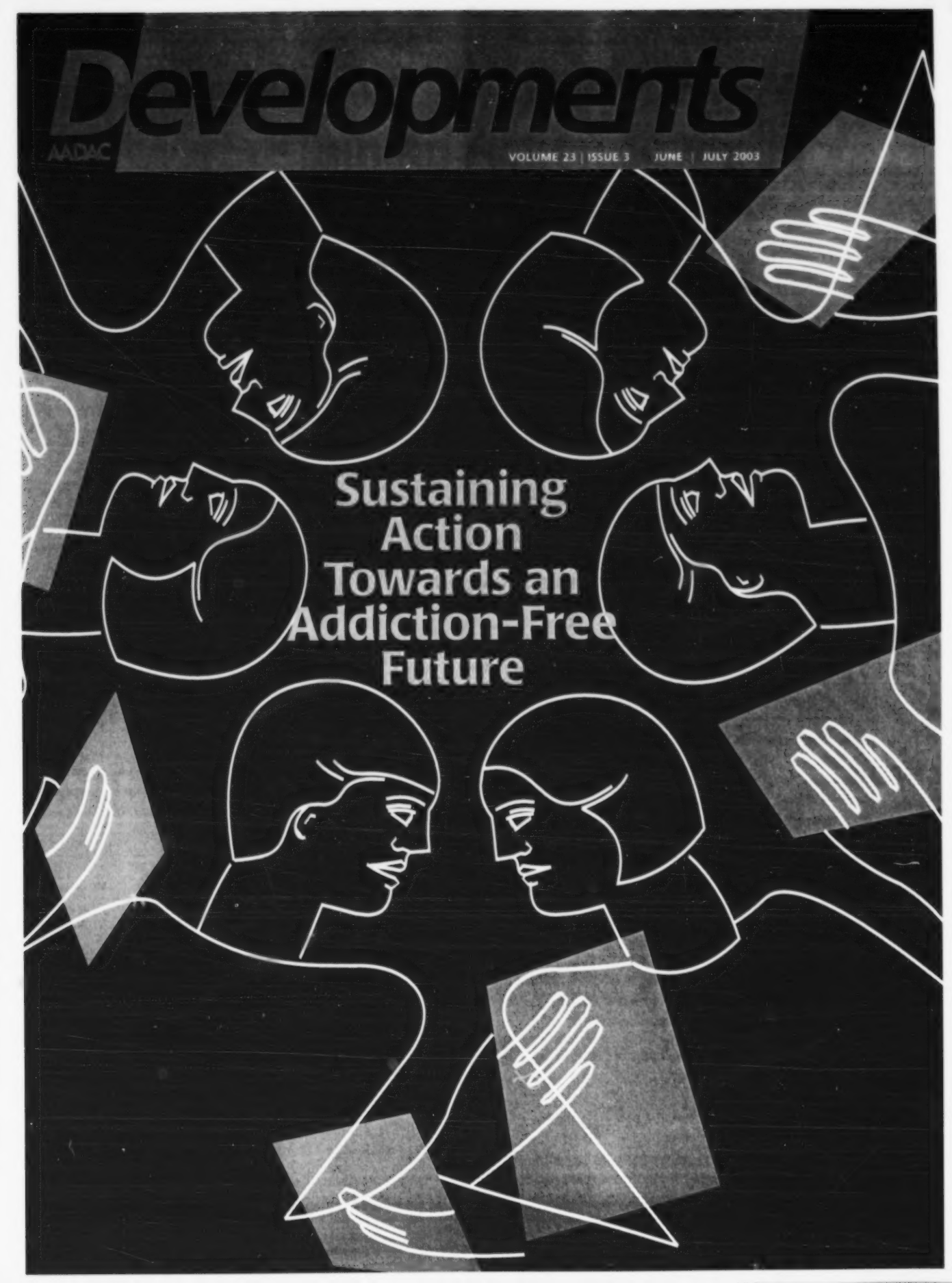


# Developments

AADAC

VOLUME 23 | ISSUE 3

JUNE | JULY 2003

An abstract line art illustration on a black background. It features several stylized faces and hands. The faces are drawn with simple white outlines, some looking towards the center and others away. The hands are also outlined in white, with some fingers spread. The composition is dynamic, with lines and shapes overlapping. The text 'Sustaining Action Towards an Addiction-Free Future' is centered in the middle of the image.

## Sustaining Action Towards an Addiction-Free Future

# Sustaining Action Towards an Addiction-Free Future

Alberta's co-operative approach to preparing for emerging challenges

By Deirdre Ah Shene, AADAC Writer-Editor



ONE OF AADAC'S DEFINING FEATURES is its expressly interdependent nature: the AADAC model embodies a network of service delivery, working with clients and communities to meet their individual needs. The Commission has employees working in 26 cities and towns across Alberta, but it also funds 26 agencies that hire their own staff and operate in their own style. Some of these agencies are residential treatment centres with a strong 12-step philosophy, some are agencies that treat addiction from an Aboriginal perspective, some focus exclusively on the needs of men, of women, or of youth: the styles, amenities and approaches of these agencies vary greatly. Furthermore, AADAC depends on self-help groups to assist many clients to stay in recovery. On a broader scale, AADAC cannot do the work it does without the co-operation of many others: people who organize community action groups; people who work in justice, health and other social services; those who work in both formal and informal governance at a local and provincial level.

The breadth of AADAC's approach naturally presents other challenges. How does it coordinate such a wide scattering of largely self-directing entities to work towards similar goals? How does it ensure that the final thrust of service is in the direction of the greatest needs of the people of Alberta?

Part of AADAC's answer to these questions is dialogue. Funded Agencies work closely with a designated AADAC consultant who makes sure Agency directors stay informed of AADAC policy that affects them. The consultant helps to ensure that Agencies' concerns are represented when AADAC policy is made.

Other co-operating groups contribute to AADAC's general direction at two levels. One is the usual, expected meeting of government staff to work with AADAC on policy and projects. Another is the grassroots level meetings, the interagency committees on which staff from AADAC's area offices sit.

In 2002, AADAC hosted Sustaining Action Towards an Addiction-Free Future, a series of roundtable discussions with people throughout Alberta who have a stake in the way that addictions are prevented and treated in this province.

# *There is no one to blame, but everyone is responsible.*

The sessions, eight with a regional focus and one with a provincial focus, were held in eight communities throughout Alberta. Attending were 262 representatives from the public and private sectors: health, education and other social services; law enforcement, community agencies, and municipal government.

The sessions were held to guide AADAC's planning in the near future ("current"), for the "emerging" future (the next one to 10 years) and for the more distant "horizon," situations that may manifest between 10 and 20 years from today.

The fact that these sessions were held as an anticipatory step in planning reflects two very positive features about delivery of addictions information, prevention and treatment in Alberta. First, there is a high degree of co-operation between service providers. And second, the field of addictions has grown in scope and sophistication over the 52 years that AADAC has been in existence. Addiction must be viewed within the context of world events, demographic shifts, progress in medical research, and policies set at the highest levels of government. By holding the roundtable discussions, AADAC was providing the addictions services network in Alberta with the opportunity to think into the future. The Commission was also drawing on the knowledge and expertise of this network to help it in analysing trends and seeking solutions.

The roundtable discussions asked the people who have the best hands-on knowledge of the problems associated with addiction to use this knowledge predictively. The discussion groups looked at indicators of upcoming trends, and attempted to fit practice to those trends.

It was a challenging process. "We are very good at identifying the problems," said one participant, "but we fall short on solutions."

In many ways, this was a mind-stretching exercise. Participants were very appreciative of the opportunity to look up from the day-to-day business of running a social service or justice agency and see where they belong in a larger context, to think in the big picture for a few hours. With one voice, they affirmed the value of dialogue with so many interconnected agencies and many asked that AADAC repeat the exercise.

Participants also commented on the remarkable unanimity of the groups. They saw the same issues, predicted largely the same changes in the near future, and agreed on the same general approaches to mitigating the problems caused by addictions in Alberta.

The question of responsibility for those problems came up repeatedly in the discussions: what, participants asked, is the role of government and what the role of individuals and communities. As one participant put it, "There is no one to blame, but everyone is responsible." Their participation in the roundtable sessions reminded many that even when addiction is not the primary focus of their work, the concerns of addicted people belong on their organization's agenda. This willingness to share responsibility was one more sign of the co-operative spirit that infused the roundtable sessions.

AADAC remains committed to dialogue, and to a consultative model of planning for addiction services to Albertans. The discussions did present an excellent forum to mine the vast collective knowledge and creative abilities of the many who attended. What they have yielded for AADAC this time is a general direction — and a reassurance that the current structure for delivering addiction services in the future is fundamentally sound.

The complete report on the roundtable discussions can be found in two documents, the background document and the final report, both entitled *Sustaining Action Towards an Addiction-Free Future*, available on AADAC's corporate Web site at <http://corp.aadac.com/news/index.asp>. Coil-bound copies can also be ordered at \$10 plus GST, shipping and handling, from AADAC Resource Development (contact information on the back cover).



# Trends identified by roundtable participants

Participants moved through four areas of focus, identifying

- addiction issues arising 10 to 20 years in the future,
- issues emerging in the next one to 10 years,
- issues of current concern, and
- issues that are disappearing.

## Issues of current concern

### 1. Social and economic factors

Participants identified several of these that may increase addiction or the demand for addiction services: population growth, increasing social isolation due to urbanization and technology, and increased economic disparity.

### 2. Social values and norms regarding substance use and gambling

Social attitudes and regulations influence behaviour, and participants identified ongoing changes, for example, decreased acceptance of smoking and increased acceptance of drug use in the media, and changes in legislation (e.g., more gambling, medical use of marijuana).

### 3. Availability of addictive substances and activities

Among the factors that affect availability identified by participants were increased availability of drugs due to more global trafficking, increased drug production, and localized synthetic drug production.

### 4. Consequences of addictions

HIV, hepatitis, fetal alcohol syndrome, homelessness, and crime are examples of consequences of addictive behaviour. They complicate the problems associated with addiction, but are all issues that need to be dealt with beyond the actual addiction.

### 5. Population sub-groups

Prevention and treatment of addiction should not be one-size-fits-all. It is important to pay attention to the unique addiction issues of some population groups, for example seniors or Aboriginal people.

### 6. Technology

As technological sophistication increases and use of sophisticated technology spreads, there will be both positive and negative effects on rates of addiction and delivery of addiction services. Examples are increased access to information about drugs and addictions in general (whether information on manufacturing drugs, consequences of use, or strategies for recovery), increased gambling over the Internet, the use of technology in treating addictions ("cyber-counselling"), and the isolating consequences of increased use of technology.

### 7. Changes in service delivery for health and addictions

Several trends in thinking, policy, and delivery were identified, such as the use of innovative treatment approaches and a greater emphasis on harm reduction strategies.

### 8. Priorities and responsibility

Participants felt that government priorities are shifting away from social concerns. They identified the conflict of interest for the government that is created by taking in "sin" taxes from gambling, alcohol and tobacco while also being responsible for preventing and treating addictions.

### 9. Resources and funding

Participants felt that finding sufficient funding has always been and will continue to be a challenge for them in their work. They feared that funding for social services will increasingly rely on revenue from addictive behaviours.

## Disappearing trends

The following are examples of concerns that participants felt are becoming less prominent or will be so in the future.\*

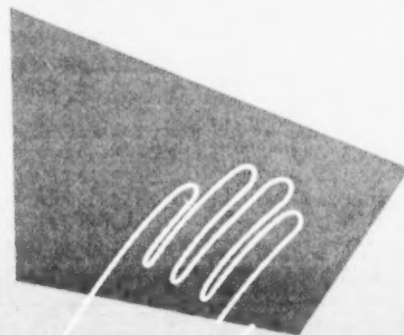
1. The social acceptance of drinking and driving has declined considerably over the past 10 to 20 years and we are starting to see the same trend with smoking and alcohol/other drug use during pregnancy.

2. Individuals are less likely to be stigmatized or stereotyped because of an addiction.

3. Some treatment philosophies, such as the medical model, are less prominent.

4. Multiple addictions and concurrent issues are common. Fewer and fewer people are presenting for treatment with a single addiction.

\* It is interesting to note that one participant suggested that many of these disappearing trends are, in fact, emerging issues for particular sub-populations like the Aboriginal community.







# AADAC's roundtable discussions

## One participant's view

By Sharon Steinhauer

SHARON STEINHAUER brought a unique perspective to Sustaining Action Towards an Addiction-Free Future. She worked for almost 17 years for AADAC, first as an addictions counsellor and then as area supervisor for the St. Paul area office, leaving AADAC for her present position as coordinator of social work programs at Blue Quills First Nations College in St. Paul. She has a long history of volunteer work in her community, with the Saddle Lake Boys and Girls Club and the Alberta Mental Health Board. Sharon was invited to the St. Paul roundtable discussion because addictions issues are a primary part of responding to the learning and healing needs of students for the college for which she works. Most of the college's students are Aboriginal; many are adversely affected by the multi-generational impact of residential schools and the resulting social problems.

THE ST. PAUL ROUNDTABLE was a rare opportunity to participate in focused discussion with people from very different worlds and share the diverse perspectives that shape our understanding and response to addictions across the region. I was both surprised at the divergent understandings and pleased at the depth of common ground that we discovered as we shared our thoughts, our fears and our hopes. At my table I had the opportunity to have a focused discussion with an employer, a politician, an educator, a health service provider and a community agency. We heard and learned from each other about how we experience addictions issues in the course of our daily lives and it seemed to me that we all had great heart for the topic. While this gathering was an affirming process in that "we are all in this together," it became clear that we needed more understanding about how to collectively plan for a different future, and even more critical, some opportunity to convene regularly to plan for that future.

I too expressed regret at the end of the day that we all seem to live such busy and complex lives that we don't have or make the time to come together periodically to reflect on this shared journey from a cross-sectoral and regional basis. At our table we agreed that we had learned from each other, that each of us had some energy to commit to the addictions issues, but that individually we often felt that we were limited in what we could do on a larger scale. We agreed that we

were doing good things but we weren't necessarily doing them together. We also thought we need to do more but we aren't sure what that "more" is.

Given the trends that addictions are becoming more normalized and complex, I was left thinking about the opportunities and possibilities we have before us. I believe that the roundtable reminded us that we need to engage in community building from the inside out. That means that we need to focus on what's good about what we are doing now, bring those gifts and abilities together into a collaborative process and examine how we can each contribute to a different outcome. It really does mean more shifting from being reactive to being proactive through more education and opportunity for inclusive planning. We need

leadership, we need planning tools, but more than that, we need to take the time and effort to do relationship building across sectors and across cultures. Although we all walk in different worlds, our common vision is towards that one world of healthy individuals within healthy families within healthy communities. What a powerful image that is to pull us forward.

Within the Indigenous culture, the teachings tell us that we need to put the children and old people in the centre of the circle and then collectively we need to encircle them and plan our intentions. I like that image: it draws me into new relationships and shared projects. It also calls on me to let go of some of my "busy-ness" to join forces with others because together we can make the difference.

*Although we all walk  
in different worlds, our  
common vision is towards  
that one world of healthy  
individuals within healthy  
families within healthy  
communities.*



Alberta Alcohol and Drug Abuse Commission  
An Agency of the Government of Alberta

Developments  
Canadian  
Publications Mail  
Product Sales Agreement  
No. 40062405

#### VISION

A healthy society that is free from the harmful effects of alcohol, other drugs and gambling

#### MISSION

Making a difference in people's lives by assisting Albertans to achieve freedom from the harmful effects of alcohol, other drugs and gambling

#### VALUES

We value people, treat them with respect and believe in their ability to succeed.

We value individuals, families and communities as partners in addressing addiction problems.

We value staff and their knowledge, skills, creativity, initiative, and expertise.

We value service delivery that is grounded in research and experience.

#### THE PURPOSE OF DEVELOPMENTS

To enhance allied professionals' knowledge and understanding of addictions issues.

**Developments** is published six times a year and is circulated to 16,000 readers worldwide. Copyright © 2003 by AADAC. The opinions expressed by individual authors do not necessarily reflect those of the Alberta Alcohol and Drug Abuse Commission.

#### ADVISORY BOARD

Alison Gooley, Edmonton; Terry Lind, Edmonton; Sharon Steinhauer, St. Paul; Grace Whitehouse, Edmonton; Cathy Wood, Calgary

If you want to advertise a conference, course, or special event that would be of interest to the readers of **Developments**, contact the editor about ad sizes and prices.

EDITOR: Deirdre Ah Shene, PHONE 780.422.2798  
Deirdre.AhShene@aadac.gov.ab.ca

DESIGN: Beata Kurpiński, PHONE 780.422.3006

ISSN 0714-1017

To subscribe to **Developments** at no charge, please complete this form and return to the address below. To make any changes (change address, change number of copies, cancel subscription, etc.), we need the subscription number, name and address from your mailing label whether you phone, mail or fax your request. You may use the form below when requesting changes as well. Please type or print clearly.

SUBSCRIPTION NO. NO. OF COPIES REQUESTED

NAME

ORGANIZATION

ADDRESS

POSTAL CODE PHONE NUMBER

SEND TO: Resource Agent, AADAC RD  
Suite 200, 10909 Jasper Ave, Edmonton, AB T5J 3M9

PHONE 780.422.1000 FAX 780.422.5237

E-MAIL rdm@aadac.gov.ab.ca

## AADAC RESOURCES FOR THE WORKPLACE

### Manual discusses addiction and fitness for work

How can you tell when an employee has a problem that is affecting fitness for work? When does an employee's problems with alcohol, other drugs or gambling become your problem? When should you take action? What action would be most effective and most ethical? Where can you get help, for yourself as the responsible person in the workplace and for the troubled employee? What can you do to prevent problems from arising in the first place? What is addiction? Are all problems with alcohol, other drugs and gambling addiction problems?

The *It's Our Business* manual for leaders can empower you, as a leader in the workplace, with the information you need. This well-organized binder offers clear information and advice in an easy to follow format, based on a philosophy of fitness for work: employers and managers are advised to remain focused on what is their business, namely the employee's ability to do his or her job. Said one workplace leader, "It was such a relief to me to know that the best way to deal with employees who were having personal problems was to focus on job performance. Now I realize that I don't have to be a drug expert to be a good performance manager."

To supplement the manual, AADAC offers three pamphlets to inform employees and enlist them as allies in creating a workplace that is free from the problems created by the abuse of alcohol, other drugs and gambling. *Is Drinking, Using Drugs or Gambling Affecting My Work?* helps employees to assess whether their work is being affected by their substance use or gambling and offers suggestions as to where to find further help. *Someone at Work Has a Problem* guides employees in intervening with a co-worker who may have an alcohol, other drug or gambling problem by outlining workplace indicators and tips for a successful intervention. *What You Need to Know About Fitness for Work* outlines the concept of fitness for work, describing the ways in which gambling and the use of alcohol and other drugs affect fitness for work, what an employee can do to be fit for work, and what one can do when others are not fit for work.

This extensive, insightful and informative guide is an exceptional value at \$129.00 plus GST, shipping and handling. To order this or other resources on the subject of alcohol, other drugs and gambling, contact

AADAC Resource Development  
Suite 200, 10909 Jasper Avenue  
Edmonton, Alberta T5J 3M9 Canada

TEL. TOLL-FREE 1.800.280.9616

FAX 780.422.5237

E-MAIL rdm@aadac.gov.ab.ca

For a description of other available AADAC resources, ask for a copy of the *AADAC Resource Catalogue*, free from your local AADAC office or AADAC Resource Development. You can also find our catalogue by going to <http://corp.aadac.com> and clicking on "catalogue."

### NEW BOARD MEMBERS WELCOMED

On March 26, 2003, AADAC welcomed the following five new Board Members to the Commission Board: Dr. Ed Johnston of Water Valley, Mr. Jack Laverick of Red Deer, Mrs. Deborah Lloyd of Medicine Hat, Mr. Jon Netelenbos of Calgary, Mr. Len Webber of Calgary. For a complete list of Commission Board members and their roles, go to <http://corp.aadac.com/whoweare/index.asp> and click on Board Members.